

Fill in this information to identify your case:

Debtor 1	Zakery B. Tretton		
	First Name	Middle Name	Last Name
Debtor 2	Margaret Maureen Baldwin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA		
Case number (if known)	24-13464-amc		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$27,768.29	\$8,012.00	\$19,756.29
Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number 5		

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

2.2	Keystone Collections Group Priority Creditor's Name PO Box 499 Irwin, PA 15642 Number Street City State Zip Code	Last 4 digits of account number	\$1,209.02	\$1,209.02	\$0.00	
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations					
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
	<input type="checkbox"/> Other. Specify _____					
2.3	PA Dept of Revenue Priority Creditor's Name PO Box 280431 Harrisburg, PA 17128-0431 Number Street City State Zip Code	Last 4 digits of account number	1	\$9,000.00	\$1,988.04	\$7,011.96
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations					
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
	<input type="checkbox"/> Other. Specify _____					
2.4	Palisades School District Priority Creditor's Name Township of Tinicum c/o Keystone Collections Group 546 Wendel Road Irwin, PA 15642 Number Street City State Zip Code	Last 4 digits of account number	4	\$1,804.87	\$1,804.87	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
	Type of PRIORITY unsecured claim:					
	<input type="checkbox"/> Domestic support obligations					
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government					
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
	<input type="checkbox"/> Other. Specify _____					

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1	AdaptHealth Patient Care Colutions Inc. Nonpriority Creditor's Name PO Box 749063 Los Angeles, CA 90074-9063 Number Street City State Zip Code	Last 4 digits of account number 1228	\$54.07
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
As of the date you file, the claim is: Check all that apply			
When was the debt incurred? _____			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Correspondence/Bankruptcy Po Box 981535 EI Paso, TX 79998 Number Street City State Zip Code			
4.2	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 EI Paso, TX 79998 Number Street City State Zip Code	Last 4 digits of account number 3493	\$6,560.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card			
As of the date you file, the claim is: Check all that apply			
When was the debt incurred? Opened 05/21 Last Active 5/26/23			
Type of NONPRIORITY unsecured claim:			
4.3 Arcadia Recovery Bureau, LLC Nonpriority Creditor's Name P.O. Box 6768 Reading, PA 19610-0768 Number Street City State Zip Code			
4.3	Arcadia Recovery Bureau, LLC Nonpriority Creditor's Name P.O. Box 6768 Reading, PA 19610-0768 Number Street City State Zip Code	Last 4 digits of account number 1673	\$927.40
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
As of the date you file, the claim is: Check all that apply			
When was the debt incurred? _____			
Type of NONPRIORITY unsecured claim:			

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Debtor 2 **Margaret Maureen Baldwin**

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4.4	Bankers Health Group Nonpriority Creditor's Name 201 Solat Street Syracuse, NY 13204 Number Street City State Zip Code	Last 4 digits of account number 2023	\$85,098.53
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.5	Baum Smith & Clemens LLP Nonpriority Creditor's Name 2060 Detwiller Road, Suite 125 Harleysville, PA 19438 Number Street City State Zip Code	Last 4 digits of account number 1000	\$1,840.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.6	CBE Group Nonpriority Creditor's Name Payment Processing Center P.O. Box 2336 Waterloo, IA 50704-2695 Number Street City State Zip Code	Last 4 digits of account number 0652	\$366.38
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Collector for Metropolitan Edison <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 **Zakery B. Tretton**
Debtor 2 **Margaret Maureen Baldwin**

Case number (if known)

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4.7	Citi Card/Best Buy Nonpriority Creditor's Name Attn: Citicorp Cr Svcs Centralized Bankr Po Box 790040 St Louis, MO 36179 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7027 When was the debt incurred? Opened 03/22 Last Active 05/23 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$4,191.00
4.8	DB Collects LLC 283011237153 Nonpriority Creditor's Name 1253 Haddonfield Berlin Rd Voorhees, NJ 08043-4847 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2,388.08 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.9	Discover Bank Nonpriority Creditor's Name PO Box 3025 New Albany, OH 43054 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1948 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$6,673.54

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Debtor 2 **Margaret Maureen Baldwin**

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<p>4.1 0</p> <p>Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5093</p> <p>When was the debt incurred? Opened 03/14 Last Active 4/06/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>\$18,530.00</p>
<p>4.1 1</p> <p>Fox Rothschild Nonpriority Creditor's Name 2000 Market Street, 20th Floor Philadelphia, PA 19103 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5530</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p>	<p>\$87,428.27</p>
<p>4.1 2</p> <p>Good Shepherd Rehabilitation Nonpriority Creditor's Name 850 S 5th Street Philadelphia, PA 19107 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Mdeical Bill</p>	<p>Unknown</p>

<p>4.1 3</p> <p>Greenleaf Propane Nonpriority Creditor's Name PO Box 914 Plumsteadville, PA 18949 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5023</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$1,189.06</p>
<p>4.1 4</p> <p>Headway Capital LLC Nonpriority Creditor's Name 175 W Jackson Blvd, Suite 1000 Chicago, IL 60604 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6550</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$23,380.83</p>
<p>4.1 5</p> <p>Jefferson Health Nonpriority Creditor's Name 111 S 11th Street Philadelphia, PA 19107 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills</p>	<p>\$3,000.00</p>

4.1 6 Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7031 When was the debt incurred? Opened 01/15 Last Active 6/02/23 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$24,654.00
4.1 7 Jpmcb Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4472 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$7,682.92
4.1 8 Lab Corp Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3860 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$115.18

4.1 9	<p>Manufacturers and Traders Trust Co.</p> <p>Nonpriority Creditor's Name One M&T Plaza Buffalo, NY 14203</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$109,896.44</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.2 0	<p>Midland Credit Mgmt</p> <p>Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069 San Diego, CA 92193</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Factoring Company Account Citibank N.A.</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3360 \$12,301.00</p> <p>When was the debt incurred? Opened 09/23 Last Active 02/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.2 1	<p>National Funding - Quick Bridge Funding</p> <p>Nonpriority Creditor's Name 4380 LaJolla Village Dr San Diego, CA 92122</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2882 \$17,864.50</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

4.2 2	<p>Obermayer Nonpriority Creditor's Name Centre Street West 1500 Market Street, Suite 3400 Philadelphia, PA 19102-2101</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0001</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$30,016.20</p>
4.2 3	<p>Penn Medicine Nonpriority Creditor's Name Patient Pay P.O. Box 824406 Philadelphia, PA 19182-4406</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3211</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$486.86</p>
4.2 4	<p>Surgical Care Specialists Nonpriority Creditor's Name 1245 Highland Avenue, Suite 600 Abington, PA 19001-3727</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3733</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$250.32</p>

Debtor 1 **Zakery B. Tretton**
Debtor 2 **Margaret Maureen Baldwin**

Case number (if known)

24-13464-amc

4.2 5	<p>Synchrony Bank Nonpriority Creditor's Name P.O. Box 71782 Philadelphia, PA 19176-1782 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5906</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>
4.2 6	<p>Synchrony Bank/Lowes Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Charge Account <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9463</p> <p>When was the debt incurred? Opened 05/16 Last Active 8/02/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account</p>
4.2 7	<p>United Anes Serv. PC Nonpriority Creditor's Name P.O. Box 828962 Philadelphia, PA 19182 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5139</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>

Debtor 1 **Zakery B. Tretton**
Debtor 2 **Margaret Maureen Baldwin**

Case number (if known)

24-13464-amc

<p>4.2 8</p> <p>Uplift, Inc. Nonpriority Creditor's Name Attn: Bankruptcy 440 N Wolfe Rd Sunnyvale, CA 94085 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5906</p> <p>When was the debt incurred? Opened 02/24 Last Active 06/23</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$603.00</p>
<p>Factoring Company Account Synchrony Bank</p>		
<p>4.2 9</p> <p>Van Cleef Engineers Associates Nonpriority Creditor's Name 501 North Main Street Doylesboro, PA 18018 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$80,660.58</p>
<p>Engineering Services</p>		
<p>4.3 0</p> <p>VW Consultants LLC Nonpriority Creditor's Name 1590 Canary Road Richboro, PA 18954 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 713J</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p>\$6,125.00</p>

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Carepayment
PO Box 2398
Omaha, NE 68103-2398**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit Corp Solutions,, Inc.
121 W. Election Road, Suite 200
Draper, UT 84020**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Hayt, Hayt & Landau, LLC
2 Industrial Way West
PO Box 500
Eatontown, NJ 07724-0500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Matthew J. Rifino, Esq.
McCarter & English, LLP
405 North King Street, Suite 800
Wilmington, DE 19801**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**MRS BPO LLC
1930 Olney Avenue
Cherry Hill, NJ 08003-2016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Rebecca J. Price, Esq.
515 Hamilton Street, Suite 502
Allentown, PA 18101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**SBA
P.O. Box 3918
Portland, OR 97208-3918**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Small Business Administration
801 Tom Martin Drive Suite 120
Birmingham, AL 35211**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Small Business Administration
14925 Kingsport Road
Fort Worth, TX 76155-2243**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**WELTMAN WEINBERG & REIS CO
LPA
ATTN: MICHAEL J DOUGHERTY
520 WALNUT STREET, SUITE 1355
PHILADELPHIA, PA 19106-1334**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Weltman, Weinberg & Reis

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Zakery B. Tretton**
Debtor 2 **Margaret Maureen Baldwin**

Case number (if known)

24-13464-amc

**965 Keynote Circle
Independence, OH 44131**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Zwicker & Associates, PC
80 Minuteman Road
Andover, MA 01810-1031**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (*Check one*):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 39,782.18
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 39,782.18
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 548,025.38
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 548,025.38

AdaptHealth Patient Care Colutions Inc.
PO Box 749063
Los Angeles, CA 90074-9063

Amex
Correspondence/Bankruptcy
Po Box 981535
El Paso, TX 79998

Arcadia Recovery Bureau, LLC
P.O. Box 6768
Reading, PA 19610-0768

Bankers Health Group
201 Solat Street
Syracuse, NY 13204

Baum Smith & Clemens LLP
2060 Detwiller Road, Suite 125
Harleysville, PA 19438

Cardinal Financial Co.
Attn: Bankruptcy
3296 Summit Ridge Pkwy
Duluth, GA 30096

Carepayment
PO Box 2398
Omaha, NE 68103-2398

CBE Group
Payment Processing Center
P.O. Box 2336
Waterloo, IA 50704-2695

Citi Card/Best Buy
Attn: Citicorp Cr Svcs Centralized Bankr
Po Box 790040
St Louis, MO 36179

Credit Corp Solutions,, Inc.
121 W. Election Road, Suite 200
Draper, UT 84020

DB Collects LLC283011237153
1253 Haddonfield Berlin Rd
Voorhees, NJ 08043-4847

Discover Bank
PO Box 3025
New Albany, OH 43054

Discover Financial
Attn: Bankruptcy
Po Box 3025
New Albany, OH 43054

Fox Rothschild
2000 Market Street, 20th Floor
Philadelphia, PA 19103

Good Shepherd Rehabilitation
850 S 5th Street
Philadelphia, PA 19107

Greenleaf Propane
PO Box 914
Plumsteadville, PA 18949

Hayt, Hayt & Landau, LLC
2 Industrial Way West
PO Box 500
Eatontown, NJ 07724-0500

Headway Capital LLC
175 W Jackson Blvd, Suite 1000
Chicago, IL 60604

Internal Revenue Service
Centralized Insolvency Operation
P. O. Box 7346
Philadelphia, PA 19101-7346

Jefferson Health
111 S 11th Street
Philadelphia, PA 19107

Jpmcb
MailCode LA4-7100
700 Kansas Lane
Monroe, LA 71203

Keystone Collections Group
PO Box 499
Irwin, PA 15642

Lab Corp
PO Box 2240
Burlington, NC 27216

M&T Bank

Manufacturers and Traders Trust Co.
One M&T Plaza
Buffalo, NY 14203

Matthew J. Rifino, Esq.
McCarter & English, LLP
405 North King Street, Suite 800
Wilmington, DE 19801

Midland Credit Mgmt
Attn: Bankruptcy
Po Box 939069
San Diego, CA 92193

MRS BPO LLC
1930 Olney Avenue
Cherry Hill, NJ 08003-2016

National Funding - Quick Bridge Funding
4380 LaJolla Village Dr
San Diego, CA 92122

Obermayer
Centre Street West
1500 Market Street, Suite 3400
Philadelphia, PA 19102-2101

PA Dept of Revenue
PO Box 280431
Harrisburg, PA 17128-0431

PA Dept of Revenue
Bankruptcy Division
PO Box 280946
Harrisburg, PA 17128

Palisades School District
Township of Tinicum
c/o Keystone Collections Group
546 Wendel Road
Irwin, PA 15642

Penn Medicine
Patient Pay
P.O. Box 824406
Philadelphia, PA 19182-4406

Rebecca J. Price, Esq.
515 Hamilton Street, Suite 502
Allentown, PA 18101

Rising Tide Com Loan
1557 East 5th Street
Bethlehem, PA 18015

SBA
P.O. Box 3918
Portland, OR 97208-3918

Small Business Administration
801 Tom Martin Drive Suite 120
Birmingham, AL 35211

Small Business Administration
14925 Kingsport Road
Fort Worth, TX 76155-2243

Surgical Care Specialists
1245 Highland Avenue, Suite 600
Abington, PA 19001-3727

Synchrony Bank
P.O. Box 71782
Philadelphia, PA 19176-1782

Synchrony Bank/Lowes
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

United Anes Serv. PC
P.O. Box 828962
Philadelphia, PA 19182

Uplift, Inc.
Attn: Bankruptcy
440 N Wolfe Rd
Sunnyvale, CA 94085

Vancleef Engineers Associates
501 North Main Street
Doylestown, PA 18018

VW Consultants LLC
1590 Canary Road
Richboro, PA 18954

WELTMAN WEINBERG & REIS CO LPA
ATTN: MICHAEL J DOUGHERTY
520 WALNUT STREET, SUITE 1355
PHILADELPHIA, PA 19106-1334

Weltman, Weinberg & Reis
965 Keynote Circle
Independence, OH 44131

Zak and Maggie LLC
31 Creamery Road
Ottsville, PA 18942

Zwicker & Associates, PC
80 Minuteman Road
Andover, MA 01810-1031